

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

Amended #61.25

FILED

96 SEP 26 AM 8:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000019251

1. Corporation Name

GAMMINO MOTORS, INC.

Principal Place of Business

Mailing Address

**2003 Dundee Rd.
Winter Haven, Fl 33884-
0000**

**P.O. Box 1047
Dundee, Fl 33884-
0000**

2. Principal Place of Business "New Address"

2a. Mailing Address

21 1490 HWY 27 South

26 SAME AS PRINCIPAL

City & State

Suite, Apt. #, etc.

City & State

City & State

23 Lake Wales, Florida

28

Zip

Zip

24 33853

25 USA

29

Country

Country

30

9. Name and Address of Current Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

10. Name and Address of New Registered Agent

Mr. Timmie C. Crowder

1490 Hwy 27 South

Lake Wales

FL

85 Zip Code

33853

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent and authorized officer and director. I hereby accept the appointment as registered agent and authorized officer and director of the corporation of the person named in Block 12 or Block 13 of this report as required by Chapter 617, Florida Statutes.

SIGNATURE

Timmie C. Crowder

08 21 96

12

OFFICERS AND DIRECTORS

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(c) Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were made by the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and further, that the signature on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timmie C. Crowder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Gammino Jr.

08 21 96

Date

Day and Month

CR2E034 (3/96)